

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90001 039 ****61.25

DOCUMENT # N95000002206

1. Entity Name
**INDIAN RIVER MEMORIAL HOSPITAL
PHYSICIAN-HOSPITAL ORGANIZATION, INC.**



Principal Place of Business
**1000 36TH ST
VERO BEACH, FL 32960**

Mailing Address
**1000 36TH ST
VERO BEACH, FL 32960**

50063262



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2213622

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUSI, JEFFERY L
1000 36TH ST
VERO BEACH, FL 32960**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
MITCHELL, GEORGE D.O.
13855 US 1
SEBASTIAN, FL 32958** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
GARDNER, GREGORY
1000 36TH ST
VERO BEACH, FL 32960** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCD
BERTOLETTE, RANDALL D MD
3740 20TH ST
VERO BEACH, FL 32960** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCD
BAGGETT, KATHLEEN MD
1325 36TH ST SUITE A
VERO BEACH FL 32960** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C/D
KENNEDY, ALASTAIR C MD
1300 36TH ST
VERO BEACH, FL 32960** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #